

# ACTICAL RESPONSE REPORT/Chicago Police Department

INFORMATION INVOLVED	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE	4. BEAT/OCCUR																																																																																																																									
	31-MAY-2011	22:44:00	12355 S WALLACE ST CHICAGO, IL 60628				303	0523																																																																																																																									
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.																																																																																																																								
	9161	OCAMPO	MATILDE S	13474	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	S		508	145																																																																																																																								
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?																																																																																																																											
	31-OCT-2005		153 0564B	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																											
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.																																																																																																																									
	CROSS	KALVIN		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK																																																																																																																												
	28. ADDRESS	CHICAGO, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/OTHER (SPECIFY), FIREARM - REVOLVER	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?																																																																																																																											
	PRONOUNCED ON SCENE BY CFD			<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																											
33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CB NO.	IR NO.	DNA																																																																																																																								
<table border="1"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAULTANT:ASSAULT</th> <th colspan="2">ASSAULTANT:BATTERY</th> <th colspan="2">ASSAULTANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td rowspan="3">SUBJECTS ACTIONS</td> <td>DID NOT FOLLOW VERBAL DIRECTION</td> <td><input checked="" type="checkbox"/></td> <td>FLED</td> <td><input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY</td> <td><input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON</td> <td><input checked="" type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)</td> <td><input type="checkbox"/></td> <td>PULLED AWAY</td> <td><input type="checkbox"/></td> <td>OTHER</td> <td><input type="checkbox"/></td> <td>ATTACK WITHOUT WEAPON</td> <td><input type="checkbox"/></td> <td>WEAPON</td> </tr> <tr> <td>OTHER</td> <td><input type="checkbox"/></td> <td>OTHER FLED 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39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)					40. ADDITIONAL INFORMATION																																																																																																																												
					OFFENDERS HANDGUN RECOVERED.																																																																																																																												
POSITION		STAR NO.	UNIT	41. WEAPON TYPE		42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS																																																																																																																									
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	CLEAR																																																																																																																										
45. TASER DART ID NO.		46. WEAPON SERIAL NO. (Include Letters)	47. CHICAGO GUN REG. NO.	48. MODEL	49. BARREL LENGTH	50. CALIBER/GAUGE																																																																																																																											
AAU01048		636152	P229	3.8	9 MM																																																																																																																												
51. SPECIAL WEAPON CERTIFICATE NO.		52. PROPERTY INVENTORY NO.	53. TYPE OF AMMUNITION USED	54. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	55. TOTAL NO. OF SHOTS MEMBER FIRED																																																																																																																												
			HORNADY	1	5																																																																																																																												
56. HOW WAS MEMBER FIRED FIRST SHOT		57. WAS FIREARM RELOADED DURING INCIDENT	58. NO. OF CARRIDGES/SHOT SHELLS RELOADED	59. HOW WAS MEMBER'S HANDGUN WORN	60. DID MEMBER USE SIGHTS																																																																																																																												
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																																												
61. HOW WAS MEMBER'S HANDGUN DRAWN		62. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	63. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																																																																																																																														
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		TREE, VEHICLES	<input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																																																																														
64. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		65. POSITION OF MEMBER DISCHARGING WEAPON	66. DID MEMBER USE SIGHTS																																																																																																																														
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																																														
71. RD. NO. 1115122195																																																																																																																																	
72. INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR.																																																																																																																																	
NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.																																																																																																																																	
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																																																																	
73. REPORTING MEMBER (Print Name) OCAMPO, MATILDE S STAR/EMPLOYEE NO. 13474 SIGNATURE																																																																																																																																	
01-JUN-2011 04:43:26																																																																																																																																	
74. REVIEWING SUPERVISOR (Print Name) JONES, JAMES E STAR NO. 73 SIGNATURE																																																																																																																																	
DATE REVIEWED TIME 01-JUN-2011 04:45:52																																																																																																																																	
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Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																																																																	
73. REPORTING MEMBER (Print Name) OCAMPO, MATILDE S STAR/EMPLOYEE NO. 13474 SIGNATURE																																																																																																																																	
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Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																																																																																																																																	
74. REVIEWING SUPERVISOR (Print Name) JONES, JAMES E STAR NO. 73 SIGNATURE																																																																																																																																	
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Log # 1044834  
U# 11-27  
A&C. # 10

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

The subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned that Police Officer Matilde Ocampo #13474 acted in compliance with Department policy in that the offender pointed a handgun in the direction of Officer Macario Chavez #9084 and Police Officer Mohammed Ali #7241. In fear of his partners life and his life Officer Ocampo discharged his weapon. CL# 1045804 U# 11-27

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1045804 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)  
WELCH III, EDDIE L

SIGNATURE

DATE COMPLETED 01-JUN-2011 TIME 05:06:32

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:  SUPPLEMENTARY REPORT  
 CASE REPORT  OFFICER BATTERY REPORT  
 ARREST REPORT  TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT  
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT NO.

3

Log #1045804/u#11-27  
 Acc. #10